

**APPLICATION FOR ZONING USE PERMITS WILL NOT BE ACCEPTED  
UNTIL CORRECT INFORMATION IS RECEIVED**

Mohave County Planning and Zoning Commission  
P.O. Box 7000  
Kingman Arizona 86402-7000

**APPLICATION FOR A ZONING USE PERMIT (ZUP)**

Dear Sirs:

I(We) RHODES HOMES AZ. LLC hereby request a Mohave  
County Zoning Use Permit to establish:  
(proposed use) TEMPORARY WASTE WATER TREATMENT PLANT

and request that the Board of Supervisors set this matter for public hearing following evaluation by the  
Planning and Zoning Commission:

Legal Description: SEE PLAN

Assessor's Parcel Number (APN) 215-16-005, 215-01-075,  
Present use of property: VACANT Zoning: AR

Owner: (proof required\*) AMERICAN LAND MANAGEMENT  
Owner: (address) 101 MUSTANG CIR, SIOUX FALLS Phone: 605/571-08

Property owner concurs: Malis Sakum  
(Owner's Signature - Required)



SARALYN ROSENLUAND  
Notary Public - Nevada  
No. 02-76733-1  
My Appt. Exp. July 11, 2008

**SUBMIT TEN (10) COPIES 8 1/2" X 11" SITE PLAN AND VICINITY DRAWINGS ALONG  
WITH TEN (10) COPIES OF THIS FORM**

(TO BE FILLED IN IF OWNER AND APPLICANT ARE DIFFERENT)

Applicant's interest in the Property DEVELOPER

Applicant: RHODES HOMES AZ. LLC.

(Signature)

Address: c/o STANLEY CONSULTANTS, 3001 STOCKTON HILL ROAD, UNIT 3  
City KINGMAN State: AZ Zip: 86401 Phone: (702) 765-6342

**MOHAVE COUNTY BUILDING PERMIT FOR OTHER FEES MAY BE REQUIRED IN  
ADDITION TO THE ZONING USE PERMIT**

Commencement of use or construction prior to the issuance of a Mohave County Building (Zoning) permit may require a penalty fee

**\*ONE (1) PROOF OF OWNERSHIP: Recorded Warranty or Joint Tenancy Deed; a Quit Claim Deed is not acceptable**

Date submitted: \_\_\_\_\_ Received by: \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Ten (10) Copies Received:

Application: \_\_\_\_\_ Sketch: \_\_\_\_\_ Other: \_\_\_\_\_